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06/30/03

**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

|                        |   |   |
|------------------------|---|---|
|                        |   | Attorney Docket No. <b>300622009100</b> |
| First Inventor         |   | C. Richard HUTCHINSON                   |
| Title                  | RECOMBINANT GENES FOR POLYKETIDE<br>MODIFYING ENZYMES |   |
| Express Mail Label No. |   | EV332775751US                           |

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

|   |  |
|---|--|
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (2 pages)<br>(Submit an original, and a duplicate for fee processing)   | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or<br>Computer Program (Appendix)   |
| 2. <input checked="" type="checkbox"/> Applicant claims small entity status.  | 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission<br>(if applicable, all necessary)   |
| 3. <input checked="" type="checkbox"/> Specification [Total Pages <b>50</b> ]<br>(preferred arrangement set forth below)<br>- Descriptive title of the invention<br>- Cross Reference to Related Applications<br>- Statement Regarding Fed sponsored R & D<br>- Reference to sequence listing, a table, or a computer program listing appendix<br>- Background of the Invention<br>- Brief Summary of the Invention<br>- Brief Description of the Drawings (if filed)<br>- Detailed Description<br>- Claim(s)<br>- Abstract of the Disclosure | a. <input type="checkbox"/> Computer Readable Form (CRF)<br>b. Specification Sequence Listing on:<br>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper<br>c. <input type="checkbox"/> Statements verifying identity of above copies |
| 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <b>3</b> ]  | 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))  |
| 5. Oath or Declaration [Total Pages <b>  </b> ]   | 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of<br>(when there is an assignee) Attorney  |
| a. <input type="checkbox"/> Newly executed (original or copy)   | 11. <input type="checkbox"/> English Translation Document (if applicable)  |
| b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br>(for continuation/divisional with Box 18 completed)   | 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS<br>Citations   |
| i. <input type="checkbox"/> DELETION OF INVENTOR(S)<br>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).  | 13. <input type="checkbox"/> Preliminary Amendment   |
| 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 (4 pages)  | 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br>(Should be specifically itemized)  |
| 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:   | 15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br>(if foreign priority is claimed)  |
| <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.:   | 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i).<br>Applicant must attach form PTO/SB/35 or its equivalent.   |
| 17. <input type="checkbox"/> Other: _____   |  |

**ACCOMPANYING APPLICATIONS PARTS**

|  |
|--|
| 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))  |
| 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of<br>(when there is an assignee) Attorney                  |
| 11. <input type="checkbox"/> English Translation Document (if applicable)  |
| 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS<br>Citations                 |
| 13. <input type="checkbox"/> Preliminary Amendment   |
| 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br>(Should be specifically itemized)                                  |
| 15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br>(if foreign priority is claimed)  |
| 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i).<br>Applicant must attach form PTO/SB/35 or its equivalent. |
| 17. <input type="checkbox"/> Other: _____  |

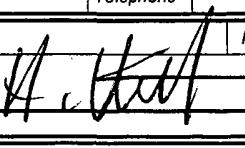
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation  Divisional  Continuation-in-part (CIP) of prior application No.:

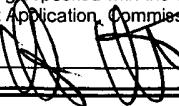
Prior application information: Examiner \_\_\_\_\_ Group / Art Unit: \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**

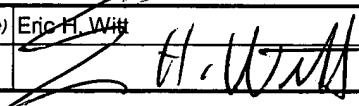
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| Name (Print/Type)   | Eric H. Witt  |          | Registration No. (Attorney/Agent) <b>44,408</b>          |
| Signature   |  |          | Date <b>June 30, 2003</b>                                |

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| <i>Patent fees are subject to annual revision.</i>   |                       | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td style="width: 50%;">Not Yet Assigned</td> </tr> <tr> <td>Filing Date</td> <td>Concurrently Herewith</td> </tr> <tr> <td>First Named Inventor</td> <td>C. Richard HUTCHINSON</td> </tr> <tr> <td>Examiner Name</td> <td>Not Yet Assigned</td> </tr> <tr> <td>Group Art Unit</td> <td>Not Yet Assigned</td> </tr> <tr> <td colspan="2">Attorney Docket No. <b>300622009100</b></td> </tr> </table>  |          |  |  | Application Number | Not Yet Assigned | Filing Date     | Concurrently Herewith | First Named Inventor | C. Richard HUTCHINSON | Examiner Name | Not Yet Assigned | Group Art Unit | Not Yet Assigned | Attorney Docket No. <b>300622009100</b> |                 |  |  |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |       |      |       |   |  |  |      |      |      |      |  |  |  |      |        |      |        |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |       |      |     |   |  |  |      |       |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                               |  |  |  |
| Application Number   | Not Yet Assigned      |   |          |  |  |                    |                  |                 |                       |                      |                       |               |                  |                |                  |   |                 |  |  |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |       |      |       |   |  |  |      |      |      |      |  |  |  |      |        |      |        |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |       |      |     |   |  |  |      |       |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                               |  |  |  |
| Filing Date  | Concurrently Herewith |   |          |  |  |                    |                  |                 |                       |                      |                       |               |                  |                |                  |   |                 |  |  |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |       |      |       |   |  |  |      |      |      |      |  |  |  |      |        |      |        |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |       |      |     |   |  |  |      |       |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                               |  |  |  |
| First Named Inventor   | C. Richard HUTCHINSON |   |          |  |  |                    |                  |                 |                       |                      |                       |               |                  |                |                  |   |                 |  |  |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |       |      |       |   |  |  |      |      |      |      |  |  |  |      |        |      |        |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |       |      |     |   |  |  |      |       |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                               |  |  |  |
| Examiner Name  | Not Yet Assigned      |   |          |  |  |                    |                  |                 |                       |                      |                       |               |                  |                |                  |   |                 |  |  |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |       |      |       |   |  |  |      |      |      |      |  |  |  |      |        |      |        |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |       |      |     |   |  |  |      |       |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                               |  |  |  |
| Group Art Unit   | Not Yet Assigned      |   |          |  |  |                    |                  |                 |                       |                      |                       |               |                  |                |                  |   |                 |  |  |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |       |      |       |   |  |  |      |      |      |      |  |  |  |      |        |      |        |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |       |      |     |   |  |  |      |       |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                               |  |  |  |
| Attorney Docket No. <b>300622009100</b>  |                       |   |          |  |  |                    |                  |                 |                       |                      |                       |               |                  |                |                  |   |                 |  |  |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |       |      |       |   |  |  |      |      |      |      |  |  |  |      |        |      |        |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |       |      |     |   |  |  |      |       |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                               |  |  |  |
| <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><input checked="" type="checkbox"/> Deposit Account  |                       |   |          |  |  |                    |                  |                 |                       |                      |                       |               |                  |                |                  |   |                 |  |  |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |       |      |       |   |  |  |      |      |      |      |  |  |  |      |        |      |        |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |       |      |     |   |  |  |      |       |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                               |  |  |  |
| Deposit Account Number <b>03-1952</b><br><br>Deposit Account Name <b>Morrison &amp; Foerster LLP</b>   |                       | <b>3. ADDITIONAL FEES</b>   |          |  |  |                    |                  |                 |                       |                      |                       |               |                  |                |                  |   |                 |  |  |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |       |      |       |   |  |  |      |      |      |      |  |  |  |      |        |      |        |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |       |      |     |   |  |  |      |       |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                               |  |  |  |
| The Commissioner is hereby authorized to: (check all that apply)<br><input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments<br><input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application<br><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. |                       | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Large Entity</th> <th style="width: 30%;">Small Entity</th> <th colspan="4">Fee Description</th> <th style="width: 10%;">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th colspan="2">Fee Description</th> <th></th> </tr> </thead> <tbody> <tr> <td>1051</td> <td>130</td> <td>2051</td> <td>65</td> <td colspan="2">Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>1052</td> <td>50</td> <td>2052</td> <td>25</td> <td colspan="2">Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>1053</td> <td>130</td> <td>1053</td> <td>130</td> <td colspan="2">Non-English specification</td> <td></td> </tr> <tr> <td>1812</td> <td>2,520</td> <td>1812</td> <td>2,520</td> <td colspan="2">For filing a request for ex parte reexamination</td> <td></td> </tr> <tr> <td>1804</td> <td>920*</td> <td>1804</td> <td>920*</td> <td colspan="2">Requesting publication of SIR prior to Examiner action</td> <td></td> </tr> <tr> <td>1805</td> <td>1,840*</td> <td>1805</td> <td>1,840*</td> <td colspan="2">Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td>1251</td> <td>110</td> <td>2251</td> <td>55</td> <td colspan="2">Extension for reply within first month</td> <td></td> </tr> <tr> <td>1252</td> <td>410</td> <td>2252</td> <td>205</td> <td colspan="2">Extension for reply within second month</td> <td></td> </tr> <tr> <td>1253</td> <td>930</td> <td>2253</td> <td>465</td> <td colspan="2">Extension for reply within third month</td> <td></td> </tr> <tr> <td>1254</td> <td>1,450</td> <td>2254</td> <td>725</td> <td colspan="2">Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>1255</td> <td>1,970</td> <td>2255</td> <td>985</td> <td colspan="2">Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>1401</td> <td>320</td> <td>2401</td> <td>160</td> <td colspan="2">Notice of Appeal</td> <td></td> </tr> <tr> <td>1402</td> <td>320</td> <td>2402</td> <td>160</td> <td colspan="2">Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>1403</td> <td>280</td> <td>2403</td> <td>140</td> <td colspan="2">Request for oral hearing</td> <td></td> </tr> <tr> <td>1451</td> <td>1,510</td> <td>1451</td> <td>1,510</td> <td colspan="2">Petition to institute a public use proceeding</td> <td></td> </tr> <tr> <td>1452</td> <td>110</td> <td>2452</td> <td>55</td> <td colspan="2">Petition to revive - unavoidable</td> <td></td> </tr> <tr> <td>1453</td> <td>1,300</td> <td>2453</td> <td>650</td> <td colspan="2">Petition to revive - unintentional</td> <td></td> </tr> <tr> <td>1501</td> <td>1,300</td> <td>2501</td> <td>650</td> <td colspan="2">Utility issue fee (or reissue)</td> <td></td> </tr> <tr> <td>1502</td> <td>470</td> <td>2502</td> <td>235</td> <td colspan="2">Design issue fee</td> <td></td> </tr> <tr> <td>1503</td> <td>630</td> <td>2503</td> <td>315</td> <td colspan="2">Plant issue fee</td> <td></td> </tr> <tr> <td>1460</td> <td>130</td> <td>1460</td> <td>130</td> <td colspan="2">Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>1807</td> <td>50</td> <td>1807</td> <td>50</td> <td colspan="2">Processing fee under 37 CFR 1.17(q)</td> <td></td> </tr> <tr> <td>1806</td> <td>180</td> <td>1806</td> <td>180</td> <td colspan="2">Submission of Information Disclosure Stmt</td> <td></td> </tr> <tr> <td>8021</td> <td>40</td> <td>8021</td> <td>40</td> <td colspan="2">Recording each patent assignment per property (times number of properties)</td> <td></td> </tr> <tr> <td>1809</td> <td>750</td> <td>2809</td> <td>375</td> <td colspan="2">Filing a submission after final rejection (37 CFR 1.129(a))</td> <td></td> </tr> <tr> <td>1810</td> <td>750</td> <td>2810</td> <td>375</td> <td colspan="2">For each additional invention to be examined (37 CFR 1.129(b))</td> <td></td> </tr> <tr> <td>1801</td> <td>750</td> <td>2801</td> <td>375</td> <td colspan="2">Request for Continued Examination (RCE)</td> <td></td> </tr> <tr> <td>1802</td> <td>900</td> <td>1802</td> <td>900</td> <td colspan="2">Request for expedited examination of a design application</td> <td></td> </tr> <tr> <td colspan="4">Other fee (specify) _____</td> <td colspan="4"></td> </tr> <tr> <td colspan="4" style="text-align: center;">*Reduced by Basic Filing Fee Paid</td> <td colspan="4" style="text-align: center;"><b>SUBTOTAL (3) (\$ 0.00)</b></td> </tr> </tbody> </table> |          |  |  | Large Entity       | Small Entity     | Fee Description |                       |                      |                       | Fee Paid      | Fee Code         | Fee (\$)       | Fee Code         | Fee (\$)                                | Fee Description |  |  | 1051 | 130 | 2051 | 65 | Surcharge - late filing fee or oath |  |  | 1052 | 50 | 2052 | 25 | Surcharge - late provisional filing fee or cover sheet |  |  | 1053 | 130 | 1053 | 130 | Non-English specification |  |  | 1812 | 2,520 | 1812 | 2,520 | For filing a request for ex parte reexamination |  |  | 1804 | 920* | 1804 | 920* | Requesting publication of SIR prior to Examiner action |  |  | 1805 | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action |  |  | 1251 | 110 | 2251 | 55 | Extension for reply within first month |  |  | 1252 | 410 | 2252 | 205 | Extension for reply within second month |  |  | 1253 | 930 | 2253 | 465 | Extension for reply within third month |  |  | 1254 | 1,450 | 2254 | 725 | Extension for reply within fourth month |  |  | 1255 | 1,970 | 2255 | 985 | Extension for reply within fifth month |  |  | 1401 | 320 | 2401 | 160 | Notice of Appeal |  |  | 1402 | 320 | 2402 | 160 | Filing a brief in support of an appeal |  |  | 1403 | 280 | 2403 | 140 | Request for oral hearing |  |  | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |  |  | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable |  |  | 1453 | 1,300 | 2453 | 650 | Petition to revive - unintentional |  |  | 1501 | 1,300 | 2501 | 650 | Utility issue fee (or reissue) |  |  | 1502 | 470 | 2502 | 235 | Design issue fee |  |  | 1503 | 630 | 2503 | 315 | Plant issue fee |  |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) |  |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  |  | 1809 | 750 | 2809 | 375 | Filing a submission after final rejection (37 CFR 1.129(a)) |  |  | 1810 | 750 | 2810 | 375 | For each additional invention to be examined (37 CFR 1.129(b)) |  |  | 1801 | 750 | 2801 | 375 | Request for Continued Examination (RCE) |  |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  |  | Other fee (specify) _____ |  |  |  |  |  |  |  | *Reduced by Basic Filing Fee Paid |  |  |  | <b>SUBTOTAL (3) (\$ 0.00)</b> |  |  |  |
| Large Entity   | Small Entity          | Fee Description   |          |  |  | Fee Paid           |                  |                 |                       |                      |                       |               |                  |                |                  |   |                 |  |  |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |       |      |       |   |  |  |      |      |      |      |  |  |  |      |        |      |        |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |       |      |     |   |  |  |      |       |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                               |  |  |  |
| Fee Code   | Fee (\$)              | Fee Code  | Fee (\$) | Fee Description  |  |                    |                  |                 |                       |                      |                       |               |                  |                |                  |   |                 |  |  |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |       |      |       |   |  |  |      |      |      |      |  |  |  |      |        |      |        |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |       |      |     |   |  |  |      |       |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                               |  |  |  |
| 1051   | 130                   | 2051  | 65       | Surcharge - late filing fee or oath  |  |                    |                  |                 |                       |                      |                       |               |                  |                |                  |   |                 |  |  |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |       |      |       |   |  |  |      |      |      |      |  |  |  |      |        |      |        |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |       |      |     |   |  |  |      |       |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                               |  |  |  |
| 1052   | 50                    | 2052  | 25       | Surcharge - late provisional filing fee or cover sheet                     |  |                    |                  |                 |                       |                      |                       |               |                  |                |                  |   |                 |  |  |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |       |      |       |   |  |  |      |      |      |      |  |  |  |      |        |      |        |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |       |      |     |   |  |  |      |       |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                               |  |  |  |
| 1053   | 130                   | 1053  | 130      | Non-English specification  |  |                    |                  |                 |                       |                      |                       |               |                  |                |                  |   |                 |  |  |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |       |      |       |   |  |  |      |      |      |      |  |  |  |      |        |      |        |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |       |      |     |   |  |  |      |       |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                               |  |  |  |
| 1812   | 2,520                 | 1812  | 2,520    | For filing a request for ex parte reexamination                            |  |                    |                  |                 |                       |                      |                       |               |                  |                |                  |   |                 |  |  |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |       |      |       |   |  |  |      |      |      |      |  |  |  |      |        |      |        |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |       |      |     |   |  |  |      |       |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                               |  |  |  |
| 1804   | 920*                  | 1804  | 920*     | Requesting publication of SIR prior to Examiner action                     |  |                    |                  |                 |                       |                      |                       |               |                  |                |                  |   |                 |  |  |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |       |      |       |   |  |  |      |      |      |      |  |  |  |      |        |      |        |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |       |      |     |   |  |  |      |       |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                               |  |  |  |
| 1805   | 1,840*                | 1805  | 1,840*   | Requesting publication of SIR after Examiner action                        |  |                    |                  |                 |                       |                      |                       |               |                  |                |                  |   |                 |  |  |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |       |      |       |   |  |  |      |      |      |      |  |  |  |      |        |      |        |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |       |      |     |   |  |  |      |       |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                               |  |  |  |
| 1251   | 110                   | 2251  | 55       | Extension for reply within first month                                     |  |                    |                  |                 |                       |                      |                       |               |                  |                |                  |   |                 |  |  |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |       |      |       |   |  |  |      |      |      |      |  |  |  |      |        |      |        |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |       |      |     |   |  |  |      |       |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                               |  |  |  |
| 1252   | 410                   | 2252  | 205      | Extension for reply within second month                                    |  |                    |                  |                 |                       |                      |                       |               |                  |                |                  |   |                 |  |  |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |       |      |       |   |  |  |      |      |      |      |  |  |  |      |        |      |        |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |       |      |     |   |  |  |      |       |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                               |  |  |  |
| 1253   | 930                   | 2253  | 465      | Extension for reply within third month                                     |  |                    |                  |                 |                       |                      |                       |               |                  |                |                  |   |                 |  |  |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |       |      |       |   |  |  |      |      |      |      |  |  |  |      |        |      |        |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |       |      |     |   |  |  |      |       |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                               |  |  |  |
| 1254   | 1,450                 | 2254  | 725      | Extension for reply within fourth month                                    |  |                    |                  |                 |                       |                      |                       |               |                  |                |                  |   |                 |  |  |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |       |      |       |   |  |  |      |      |      |      |  |  |  |      |        |      |        |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |       |      |     |   |  |  |      |       |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                               |  |  |  |
| 1255   | 1,970                 | 2255  | 985      | Extension for reply within fifth month                                     |  |                    |                  |                 |                       |                      |                       |               |                  |                |                  |   |                 |  |  |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |       |      |       |   |  |  |      |      |      |      |  |  |  |      |        |      |        |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |       |      |     |   |  |  |      |       |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                               |  |  |  |
| 1401   | 320                   | 2401  | 160      | Notice of Appeal   |  |                    |                  |                 |                       |                      |                       |               |                  |                |                  |   |                 |  |  |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |       |      |       |   |  |  |      |      |      |      |  |  |  |      |        |      |        |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |       |      |     |   |  |  |      |       |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                               |  |  |  |
| 1402   | 320                   | 2402  | 160      | Filing a brief in support of an appeal                                     |  |                    |                  |                 |                       |                      |                       |               |                  |                |                  |   |                 |  |  |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |       |      |       |   |  |  |      |      |      |      |  |  |  |      |        |      |        |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |       |      |     |   |  |  |      |       |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                               |  |  |  |
| 1403   | 280                   | 2403  | 140      | Request for oral hearing   |  |                    |                  |                 |                       |                      |                       |               |                  |                |                  |   |                 |  |  |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |       |      |       |   |  |  |      |      |      |      |  |  |  |      |        |      |        |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |       |      |     |   |  |  |      |       |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                               |  |  |  |
| 1451   | 1,510                 | 1451  | 1,510    | Petition to institute a public use proceeding                              |  |                    |                  |                 |                       |                      |                       |               |                  |                |                  |   |                 |  |  |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |       |      |       |   |  |  |      |      |      |      |  |  |  |      |        |      |        |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |       |      |     |   |  |  |      |       |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                               |  |  |  |
| 1452   | 110                   | 2452  | 55       | Petition to revive - unavoidable   |  |                    |                  |                 |                       |                      |                       |               |                  |                |                  |   |                 |  |  |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |       |      |       |   |  |  |      |      |      |      |  |  |  |      |        |      |        |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |       |      |     |   |  |  |      |       |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                               |  |  |  |
| 1453   | 1,300                 | 2453  | 650      | Petition to revive - unintentional   |  |                    |                  |                 |                       |                      |                       |               |                  |                |                  |   |                 |  |  |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |       |      |       |   |  |  |      |      |      |      |  |  |  |      |        |      |        |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |       |      |     |   |  |  |      |       |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                               |  |  |  |
| 1501   | 1,300                 | 2501  | 650      | Utility issue fee (or reissue)   |  |                    |                  |                 |                       |                      |                       |               |                  |                |                  |   |                 |  |  |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |       |      |       |   |  |  |      |      |      |      |  |  |  |      |        |      |        |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |       |      |     |   |  |  |      |       |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                               |  |  |  |
| 1502   | 470                   | 2502  | 235      | Design issue fee   |  |                    |                  |                 |                       |                      |                       |               |                  |                |                  |   |                 |  |  |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |       |      |       |   |  |  |      |      |      |      |  |  |  |      |        |      |        |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |       |      |     |   |  |  |      |       |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                               |  |  |  |
| 1503   | 630                   | 2503  | 315      | Plant issue fee  |  |                    |                  |                 |                       |                      |                       |               |                  |                |                  |   |                 |  |  |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |       |      |       |   |  |  |      |      |      |      |  |  |  |      |        |      |        |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |       |      |     |   |  |  |      |       |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                               |  |  |  |
| 1460   | 130                   | 1460  | 130      | Petitions to the Commissioner  |  |                    |                  |                 |                       |                      |                       |               |                  |                |                  |   |                 |  |  |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |       |      |       |   |  |  |      |      |      |      |  |  |  |      |        |      |        |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |       |      |     |   |  |  |      |       |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                               |  |  |  |
| 1807   | 50                    | 1807  | 50       | Processing fee under 37 CFR 1.17(q)  |  |                    |                  |                 |                       |                      |                       |               |                  |                |                  |   |                 |  |  |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |       |      |       |   |  |  |      |      |      |      |  |  |  |      |        |      |        |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |       |      |     |   |  |  |      |       |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                               |  |  |  |
| 1806   | 180                   | 1806  | 180      | Submission of Information Disclosure Stmt                                  |  |                    |                  |                 |                       |                      |                       |               |                  |                |                  |   |                 |  |  |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |       |      |       |   |  |  |      |      |      |      |  |  |  |      |        |      |        |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |       |      |     |   |  |  |      |       |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                               |  |  |  |
| 8021   | 40                    | 8021  | 40       | Recording each patent assignment per property (times number of properties) |  |                    |                  |                 |                       |                      |                       |               |                  |                |                  |   |                 |  |  |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |       |      |       |   |  |  |      |      |      |      |  |  |  |      |        |      |        |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |       |      |     |   |  |  |      |       |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                               |  |  |  |
| 1809   | 750                   | 2809  | 375      | Filing a submission after final rejection (37 CFR 1.129(a))                |  |                    |                  |                 |                       |                      |                       |               |                  |                |                  |   |                 |  |  |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |       |      |       |   |  |  |      |      |      |      |  |  |  |      |        |      |        |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |       |      |     |   |  |  |      |       |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                               |  |  |  |
| 1810   | 750                   | 2810  | 375      | For each additional invention to be examined (37 CFR 1.129(b))             |  |                    |                  |                 |                       |                      |                       |               |                  |                |                  |   |                 |  |  |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |       |      |       |   |  |  |      |      |      |      |  |  |  |      |        |      |        |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |       |      |     |   |  |  |      |       |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                               |  |  |  |
| 1801   | 750                   | 2801  | 375      | Request for Continued Examination (RCE)                                    |  |                    |                  |                 |                       |                      |                       |               |                  |                |                  |   |                 |  |  |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |       |      |       |   |  |  |      |      |      |      |  |  |  |      |        |      |        |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |       |      |     |   |  |  |      |       |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                               |  |  |  |
| 1802   | 900                   | 1802  | 900      | Request for expedited examination of a design application                  |  |                    |                  |                 |                       |                      |                       |               |                  |                |                  |   |                 |  |  |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |       |      |       |   |  |  |      |      |      |      |  |  |  |      |        |      |        |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |       |      |     |   |  |  |      |       |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                               |  |  |  |
| Other fee (specify) _____  |                       |   |          |  |  |                    |                  |                 |                       |                      |                       |               |                  |                |                  |   |                 |  |  |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |       |      |       |   |  |  |      |      |      |      |  |  |  |      |        |      |        |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |       |      |     |   |  |  |      |       |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                               |  |  |  |
| *Reduced by Basic Filing Fee Paid  |                       |   |          | <b>SUBTOTAL (3) (\$ 0.00)</b>  |  |                    |                  |                 |                       |                      |                       |               |                  |                |                  |   |                 |  |  |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |       |      |       |   |  |  |      |      |      |      |  |  |  |      |        |      |        |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |       |      |     |   |  |  |      |       |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                               |  |  |  |
| **or number previously paid, if greater; For Reissues, see above   |                       |   |          |  |  |                    |                  |                 |                       |                      |                       |               |                  |                |                  |   |                 |  |  |      |     |      |    |                                     |  |  |      |    |      |    |  |  |  |      |     |      |     |                           |  |  |      |       |      |       |   |  |  |      |      |      |      |  |  |  |      |        |      |        |   |  |  |      |     |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |       |      |     |   |  |  |      |       |      |     |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                           |  |  |  |  |  |  |  |                                   |  |  |  |                               |  |  |  |

|                     |   |                               |                                   |               |
|---------------------|---|-------------------------------|-----------------------------------|---------------|
| <b>SUBMITTED BY</b> |   | <b>Complete if applicable</b> |                                   |               |
| Name (Print/Type)   | <b>Erich H. Witt</b>  |                               | Registration No. (Attorney/Agent) | 44,408        |
| Signature           |  |                               | Date                              | June 30, 2003 |